

Attachment H

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(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

CERTIFICATIONS

- a. **A description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROBs, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;
- b. In all subcontracts that offer **further subcontracting opportunities**, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- c. **Assurances** that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of **compliance** by the prime contractor with the subcontracting plan;
- d. Listing of the type of **records** the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District's request; and
- e. A description of the prime contractor's recent **efforts to locate LBEs, DBEs, SBES, DZEs, LRBs, and ROBs, and to award subcontracts to them.**

FOR CONTRACTING OFFICER USE ONLY

Subcontracting Plan Form – DCOCP-1105

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

SUBCONTRACTOR INFORMATION:					
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work	
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____% Tier: : _____ 1 st , 2 nd , 3rd LSDBE Certification Number: _____			Point of Contact: _____ Name (Print) Contact Telephone Number: _____ Fax Number: _____ Email Address: _____		
Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE:	ROB:
					LRB: